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Comments:

PLEASE PROCESS THE ATTACHED.

Re: U.S. Patent Application Serial No. 10/630,518
For: GENETIC CONTROL OF ORGAN ABSCISSION
By: Sara J. LILJEGREN et al.
Our Reference: 53279-20011.00

Attached is the following:

1. Transmittal (1 Page)
2. Fee Transmittal (in duplicate, 2 pages)
3. Petition for Extension of Time (1 page)
4. Amendment After Final Action (37 CFR Section 1.116) and Response to Notice Of Non-Compliant Amendment (37 CFR 1.121) (6 pages)

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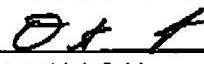
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/630,518
		Filing Date	July 29, 2003
		First Named Inventor	Sarah J. LILJEGREN
		Art Unit	1638
		Examiner Name	S. Baum
Total Number of Pages in This Submission	10	Attorney Docket Number	532792001100

ENCLOSURES (Check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate, 2 pages) <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Facsimile Cover Sheet (not counted as part of this submission)	
<input type="checkbox"/> Extension of Time Request (1 page) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53			
<input type="checkbox"/> Remarks			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MORRISON & FOERSTER LLP (Customer No. 20872)		
Signature			
Printed name	Otis Littlefield		
Date	August 16, 2006	Reg. No.	48,751

I hereby certify that this correspondence is being facsimile transmitted to MS AF, Commissioner for Patents, at Fax No. (571) 273-8800, on the date shown below.

Dated: August 16, 2006

Signature:  (Valerie Cohen)

sf-2179735

PAGE 2/11 * RCVD AT 8/16/2006 4:59:35 PM [Eastern Daylight Time] * SVR:USPTO-EXRF-1/12 * DNIS:2738300 * CSID:415 2687522 * DURATION (mm:ss):03:44

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2006

<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Complete if Known		
		Application Number	10/830,518	
		Filing Date	July 29, 2003	
		First Named Inventor	Sarah J. LILJEGREN	
		Examiner Name	S. Baum	
		Art Unit	1638	
TOTAL AMOUNT OF PAYMENT	(\$)	60.00	Attorney Docket No.	532792001100

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account		Deposit Account Number: <u>03-1952</u>		Deposit Account Name: <u>Morrison & Foerster LLP</u>

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
				Fee (\$)	Fee Paid (\$)
-20 =	0	x 25	= 0.00	180	0.00
HP = Highest number of total claims paid for, if greater than 20.					

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)

-3 = 0 x 100 = 0.00

HP = Highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

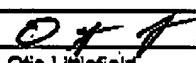
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 2251 Extension for Response within one month

60.00

SUBMITTED BY			
Signature			Registration No. (Attorney/Agent)
Name (Print/Type)	Otis Littlefield		48,751
Date	Telephone (415) 288-6846		
	Date August 16, 2006		

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